

LO8000052479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

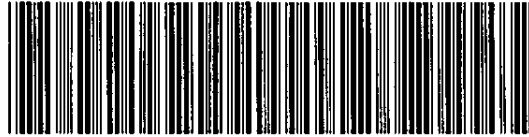
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 21 2015

11:33 AM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Excel Funding & Business Consultants, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Silva Alexandrov

Name of Person

Firm/Company

330 NW 67th Street, #104

Address

Boca Raton, Florida 33487

City/State and Zip Code

silencia66@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silva Alexandrov

561 715-2740  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Excel Funding & Business Consultants, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 23, 2008 and assigned  
Florida document number L08000052479.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Affordable Workforce Housing, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

330 NW 67 Street, #104

Boca Raton, Florida 33487

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

330 NW 67th Street, #104

Boca Raton, Florida 33487

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Silva Alexandrov

New Registered Office Address:

330 NW 67th Street, #104

*Enter Florida street address*

Boca Raton

, Florida 33487

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Silva Alexandrov	330 NW 67 th Street, #104	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph Lents	1788 Banyan Creek Cir., N	<input type="checkbox"/> Add
		Boynton Beach, Florida 33436	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Zach Lents	330 NW 67th Street, #104	<input type="checkbox"/> Add
		Boca Raton, Florida 33487	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Steven Alexandrov	330 NW 67th Str # 104	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

NONE

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 15, 2015



Signature of a member or authorized representative of a member

Silva Alexandrov

Typed or printed name of signee

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